

***United States District Court for the Northern District of Illinois***

Case Number: 08v1457

Assigned/Issued By: j. n.

Judge Name:

Designated Magistrate Judge:

**FEE INFORMATION**

**Amount Due:** ☐ \$350.00 ☐ \$39.00 ☐ \$5.00  
☐ IFP ☐ No Fee ☐ Other \_\_\_\_\_  
☐ \$455.00

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**ISSUANCES**

<input checked="" type="checkbox"/> Summons	<input type="checkbox"/> Alias Summons
<input type="checkbox"/> Third Party Summons	<input type="checkbox"/> Lis Pendens
<input type="checkbox"/> Non Wage Garnishment Summons	<input type="checkbox"/> Abstract of Judgment
<input type="checkbox"/> Wage-Deduction Garnishment Summons	_____
<input type="checkbox"/> Citation to Discover Assets	_____
<input type="checkbox"/> Writ _____	(Victim, Against and \$ Amount)
(Type of Writ)	

1 Original and 1 copies on 5-5-08 as to illinois state medical  
(Date)  
insurance services, inc.